

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011597
STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 695

300
1-57

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Kinloch 4091	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) St. Louis Co. Hospital		d. STREET ADDRESS (If outside, give location) 925 Stanza	
3. NAME OF DECEASED (Type or print) Robert Harris		4. DATE OF DEATH Month 3 Day 14 Year 59	
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4 Apr 1917
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (City and state or country) Esequena, Miss		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Harris		13b. MOTHER'S MAIDEN NAME Frances Columbo	
14. NAME OF HUSBAND OR WIFE Hattie Harris		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 429 10 1367		17. INFORMANT Annie Smith, Kinloch, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 3/4/59 3/14/59
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-4-59 to 3-14-59 and last saw her alive on 3-14-59 Death occurred at 3:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Angelo A. Speno M.D.		22b. ADDRESS 601 So. Brentwood	
22c. DATE SIGNED 3-16-59		22d. ADDRESS Berkeley, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		17 Mar 59	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Washington Park		Berkeley, Mo.	
24. FUNERAL DIRECTOR Boyd Bros, Kinloch, Mo.		25. DATE RECD. BY LOCAL REG. 3-16-59	
26. REGISTRAR'S SIGNATURE John C. Murphy, DNR/PM			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Henry Williams

Licensed Embalmer No. 4781

P. O. Address Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.